

Title	Support rehabilitation for a person affected by a brain injury		
Level	4	Credits	10

Purpose	<p>A person credited with this standard can:</p> <ul style="list-style-type: none"> • describe how the International Classification of Functioning, Disability and Health (ICF) is used for people affected by a brain injury; • describe rehabilitation for a person affected by a brain injury; • contribute to a personal plan; and • implement a personal plan to support a person after a brain injury.
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Classification	Health, Disability, and Aged Support > Brain Injury Support
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Available grade	Achieved
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Guidance Information

1 Assessment conditions
Evidence for the practical components of this unit standard must be generated in a health or wellbeing setting.

2 Assessment notes
Evidence generated for assessment against this standard must reflect workplace requirements specified in:

- any applicable personal plan
- documented workplace procedures, policies, and methodologies
- applicable health and safety plans.

Evidence generated for assessment against this standard must reflect the values, processes, and protocols required to work with Māori, Pacific peoples, and people from diverse cultures.

Evidence generated for assessment against this standard must reflect the best practice guidelines and principles specified in:

- NZS 8158:2012 *Home and Community Support Sector Standard*;
 - *Traumatic Brain Injury: Diagnosis, Acute Management and Rehabilitation*.
- NZS and SNZ standards can be retrieved from <http://www.standards.co.nz/>.

3 Definitions
Engagement means a person's deliberate effort and commitment to working toward recovery by participating fully in their rehabilitation.
Participation means seeking improvement in a persons' ability to participate in meaningful life situations, such as living independently, driving or using public

transport, returning to work or education, participating in leisure and social activities, fulfilling family roles, and maintaining personal, sexual and family relationships.

Personal plan is a plan that details support requirements for a client, patient, or resident. A *personal plan* can also be called a *care plan*, *service plan*, *personal care plan*, or *rehabilitation plan*. A *personal plan* can include goals; preferred activities; other preferences or dislikes; specific interventions; and mobility, nutrition, continence, hygiene, communication, requirements. It may also include guidance about a person's sexuality, culture, spirituality, and social preferences. A *personal plan* often follows a model of care, such as a strengths-based model, recovery model, or medical model.

Strengths-based approach is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. It emphasizes personal and interpersonal competencies such as a capacity for growth and personal priorities and makes use of natural supports.

4 References

New Zealand Guidelines Group. (2006). *Traumatic Brain Injury: Diagnosis, Acute Management and Rehabilitation*. Wellington: New Zealand: Accident Compensation Corporation. Available from the Ministry of Health library at:

<https://www.health.govt.nz/about-ministry/ministry-health-library>.

World Health Organization (WHO). (2001). *International classification of functioning, disability and health*. WHO.int. Retrieved on 2 April 2021 from:

<http://www.who.int/classifications/icf/en/>.

5 Resources

Accident Compensation Corporation publish resources at

<https://www.acc.co.nz/resources/#/> under Injury support > Traumatic brain injury (TBI).

Outcomes and performance criteria

Outcome 1

Describe how the *International classification of functioning, disability and health* (ICF) is used for people affected by a brain injury.

Performance criteria

1.1 The differences between the conceptual models of disability are described.

Range models include – medical, social, biopsychosocial.

1.2 The philosophy, purpose, and function of the ICF framework are described.

1.3 The assessment and classification of a person affected by a brain injury is described according to the ICF framework.

Range impairment, activity, activity limitation, participation, participation restriction.

Outcome 2

Describe rehabilitation for a person affected by a brain injury.

Performance criteria

- 2.1 Rehabilitation practice is described according to *Traumatic Brain Injury: Diagnosis, Acute Management and Rehabilitation*.
- Range assessment, planning, interventions, evaluation.
- 2.2 The support worker's role in the rehabilitation of a person affected by a brain injury is described.
- 2.3 Rehabilitation team roles are described for a person affected by a brain injury.
- Range roles may include but are not limited to – occupational therapist, physiotherapist, speech and language therapist, nurse, clinical psychologist, social worker, general practitioner.
- 2.4 The role of natural supports in rehabilitation is described.
- Range natural supports may include but are not limited to – family, whānau, friends, peers, co-workers, community volunteers, kaumātua, kuia, tohunga, whānau, iwi, hapū.

Outcome 3

Contribute to a personal plan.

Range one of – development, review.

Performance criteria

- 3.1 A strengths-based approach is reflected in the contribution to the personal plan.
- 3.2 The progress of the person after a brain injury is reflected in the contribution to the personal plan.
- Range client goals, progress towards achieving goals, risks, barriers to progress.
- 3.3 The culture of the person is accounted for in the contribution to the personal plan.

Outcome 4

Implement a personal plan to support a person after a brain injury.

Range activity, activity limitation, participation, participation restriction, engagement.

Performance criteria

- 4.1 A personal plan is implemented using a strengths-based approach to support a person after a brain injury to achieve his or her identified goals.
- 4.2 The progress against the personal plan of a person affected by a brain injury is documented.
- 4.3 Risks associated with participation in activities for a person affected by a brain injury are minimised.

Range risks to – safety of the person, safety of others;
risks may include but are not limited to – poor judgement,
vulnerability and/or safeguards, impaired memory, physical risks,
financial risks, repetition.

Planned review date	31 December 2026
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	19 November 2010	31 December 2023
Rollover and Revision	2	24 October 2019	31 December 2023
Review	3	27 May 2021	N/A

Consent and Moderation Requirements (CMR) reference	0024
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact Careerforce info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.